

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/428,322	10/28/99	348	2711	RCA-89541

APPLICANT MARY LAFUZE COMER, FAIRMOUNT, IN; THOMAS EDWARD HORLANDER, INDIANAPOLIS, IN.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/133,429 05/11/99

JB

371 (NAT'L STAGE) DATA***

VERIFIED

Wre JB

FOREIGN APPLICATIONS***

VERIFIED

Wre JB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>JB</u> Examiner's Initials <u>JB</u> Initials	IN	5	23	3

ADDRESS JOSEPH S TRIPOLI
PATENT OPERATIONS
THOMSON MULTIMEDIA LICENSING INC
P O BOX 5312
PRINCETON NJ 08543-5312

TITLE APPARATUS AND METHOD FOR DERIVING AN ENHANCED DECODED
REDUCED-RESOLUTION VIDEO SIGNAL FROM A CODED HIGH-DEFINITION VIDEO
SIGNAL

FILING FEE
RECEIVED

\$814

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit



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Bib Data Sheet

CONFIRMATION NO. 4518

SERIAL NUMBER 09/428,322	FILING DATE 10/28/1999 RULE	CLASS 375	GROUP ART UNIT 2636	ATTORNEY DOCKET NO. RCA-89541
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APPLICANTS

MARY LAFUZE COMER, FAIRMOUNT, IN;
 THOMAS EDWARD HORLANDER, INDIANAPOLIS, IN;

** CONTINUING DATA *****
 This appln claims benefit of 60/133,429 05/11/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/29/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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TITLE
 APPARATUS AND METHOD FOR DERIVING AN ENHANCED DECODED REDUCED-RESOLUTION VIDEO SIGNAL FROM A CODED HIGH-DEFINITION VIDEO SIGNAL

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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